

University of Groningen

Anticipating Resistance to Health Advice

van Poppel, Lotte

Published in:
Discourse Processes

DOI:
[10.1080/0163853X.2018.1470440](https://doi.org/10.1080/0163853X.2018.1470440)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2019

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

van Poppel, L. (2019). Anticipating Resistance to Health Advice: A Speech Act Perspective. *Discourse Processes*, 56(3), 256-269. <https://doi.org/10.1080/0163853X.2018.1470440>

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.



Anticipating Resistance to Health Advice: A Speech Act Perspective

Lotte van Poppel

To cite this article: Lotte van Poppel (2019) Anticipating Resistance to Health Advice: A Speech Act Perspective, Discourse Processes, 56:3, 256-269, DOI: [10.1080/0163853X.2018.1470440](https://doi.org/10.1080/0163853X.2018.1470440)

To link to this article: <https://doi.org/10.1080/0163853X.2018.1470440>



© 2018 The Author(s). Published with license by Taylor & Francis Group, LLC.



Published online: 04 Jun 2018.



Submit your article to this journal [↗](#)



Article views: 396



View Crossmark data [↗](#)

Anticipating Resistance to Health Advice: A Speech Act Perspective

Lotte van Poppel 

Department of Speech Communication, Argumentation Theory and Rhetoric University of Amsterdam, Amsterdam, The Netherlands



ABSTRACT

This article addresses the problem of resistance to health advice. It is argued that potential criticism against advice in health settings can be systematically defined with the help of the felicity conditions of the speech act of advising. By taking into account the setting in which health advice is delivered, specified conditions for advising in health settings are proposed. The objective of this study is to present a systematic overview of relevant criticism showing what issues could provoke resistance to advice and thus need to be anticipated or answered. The relevance of these points is illustrated in a case study of advice on achieving a healthy weight on webpages from the U.S. Centers for Disease Control and Prevention. A content analysis of the webpages shows that each of the possible points of criticism can be dealt with to prevent resistance.

Introduction

Advice-giving is a central activity in many institutional health settings, such as face-to-face consultations and messages via brochures, posters, television, and the Internet. In advice-giving in the health domain, the actions referred to range from taking medicine to stopping smoking, getting immunized, and improving one's diet. According to Heritage and Sefi (1992), who investigated advice management in health visits to first-time mothers, advice-giving is normative and asymmetric. Advice is normative in the sense that it always entails an evaluation of future behavior or a future action (e.g. as desirable, good, or healthy): The one who advises "describes, recommends or otherwise forwards a preferred course of future action" (Heritage & Sefi, 1992, p. 368). Advice is asymmetric as it is presupposed that the advice-giver is in the position to judge the behavior or action and is thus more experienced, skilled, or informed than the addressee (Butler, Potter, Danby, Emmison, & Hepburn, 2010; Hutchby, 1995). In Brown and Levinson's (1987) terms, advising counts as an intrinsic face threatening act, as it threatens addressees' negative face (the want to be unimpeded by others) and their positive face (the want to be appreciated). Because of these features, advice is often resisted (see Heritage & Sefi, 1992; Silverman, 1997). This confronts health professionals with the problem of dealing with resistance to advice.

Resistance to advice entails that advice is not taken up or is not accepted by the advice recipient, because there is some obstacle. This resistance is not always apparent. In many communication settings, such as traditional written communication via brochures and posters, no direct interaction is possible between advisor and recipient, and the advisor cannot register resistance. Instant communication is possible in face-to-face interaction, telephone calls, or messaging via a forum or mobile application, but also in these communication settings advice recipients might not always show advice acceptance. Successful advice-giving depends on whether an advisor manages to adapt

CONTACT Lotte van Poppel  l.vanpoppel@uva.nl  Department of Speech Communication, Argumentation Theory and Rhetoric, University of Amsterdam, Spuistraat 134, Amsterdam, VB 1012, The Netherlands.

© 2018 The Author(s). Published with license by Taylor & Francis Group, LLC.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.

advice to the recipient and to remove possible obstacles for advice acceptance. This means that an advisor needs to react to or, even better, anticipate possible points of criticism with respect to advice and move them out of the way. The objective of this study is to provide a systematic overview of potential criticism to health advice. Adopting a speech act perspective on advising, it is argued that the acceptance of advice depends on the correctness of the speech act, which is defined by the felicity conditions of the act, within its specific institutional setting.

According to van Eemeren, Grootendorst, Jackson, and Jacobs (1993, p. 105), the felicity conditions “define the general grounds upon which an act must be defended and upon which it may be challenged.” In the literature on advice-giving, some of these conditions are mentioned (e.g. Waring, 2007), although not systematically. A speech act theory perspective can offer such a systematic overview. This article proposes felicity conditions for advising and further adjusts the conditions for advice-giving to the setting of health institutions. This results in an overview of possible points of criticism that can be anticipated to prevent resistance to advice. The relevance of these points is illustrated by discussing webpages from the U.S. Centers for Disease Control and Prevention (CDC) with advice on achieving a healthy weight. A content analysis of these pages shows how advice-givers can address these criticisms to ensure uptake.

Health advice and resistance

Advice-giving in the definition of Heritage and Sefi (1992) implies an asymmetry between a knowledgeable advice-giver and a less-experienced advice recipient. However, advice-giving can have many forms and can take place in many settings. In all these settings advice recipients may, implicitly or explicitly, accept advice immediately or resist it in some way (see Jefferson & Lee, 1981; Pudlinski, 2002; Vehviläinen, 2009; Waring, 2005). The context in which advice is given influences the interaction and the reception of advice, for example because the advice is embedded in a speech event in which advice is solicited or at least expected (Limberg & Locher, 2012). The division of roles in institutional contexts, such as a general practitioner’s practice, is usually predefined: A general practitioner is implicitly assigned the role of advisor and is attributed expertise, whereas the patient is the advice recipient. In everyday advising the roles can be negotiated, but advice from experts is generally more likely to be taken up by advisees (MacGeorge, Feng, Butler, & Budarz, 2004).

To avoid resistance, some preparation of advice is thus necessary, especially when advice is unsolicited (Limberg & Locher, 2012). Jefferson and Lee (1981) observe that in trouble-telling conversations, giving advice too early in a dialogue or when no alignment between the speakers took place may result in resistance. DeCapua and Huber (1995) argue that shared background knowledge or intimacy is needed for advice to be appropriate for the recipient, so advisors need to gather information about their target audience. Heritage and Sefi (1992) observed in their data that unsolicited advice from health visitors to first-time mothers elicited resistance quite often. The mothers avoided acknowledging that the advice was helpful or made a statement about their competence or knowledge to demonstrate the redundancy of the advice. According to Heritage and Sefi (1992), the health visitors did little preparation for their advice to prevent resistance.

Securing the uptake of advice is of particular importance in health settings where behavior change can have great impact on people’s lives. However, such institutional settings can pose restrictions on advising, such as time limits (e.g., in general practitioner consultations) and potential sensitivity of the topic (e.g., HIV/AIDS) (Silverman, 1997). In public advice-giving settings, such as radio shows or websites, advice needs to be fitted to particular recipients but also to a wider audience (Hutchby, 1995). The fact that some media, such as the Internet, allow participants to remain (completely or partly) anonymous may make discussing sensitive topics and providing straightforward advice easier but also complicates adapting advice to specific recipients.

Ideally, advisors prevent resistance by addressing all potential criticism against the advice. Studies show that advisors use various discursive techniques to manage resistance (Butler et al., 2010; He, 1994), such as using positive politeness strategies (Harrison & Barlow, 2009), pointing at the

advantages of the advised behavior (Heritage & Lindström, 2012), stressing the urgency of advice (Landqvist, 2005), and combining advice-giving with information-giving (Kinnell & Maynard, 1996). Nonprofessional advisors may try to gain credibility as an expert by using warranting strategies, such as referring to sources, quoting facts, or referring to personal experiences (Limberg & Locher, 2012). However, not all forms of communication offer the same possibilities. In face-to-face interactions, phone calls, and chat sessions, advice recipients can express their criticism on the spot and advisors can react to it (see MacGeorge, Guntzviller, Branch, & Yakova, 2015), for example by asking questions to adjust their advice (Pudlinski, 2002). When no interaction is possible, due to the medium or the unwillingness of the recipient, advisors can anticipate criticism and try to justify why the advice is acceptable.

Felicity conditions as indicators for potential criticism

Knowing what criticism to expect is crucial to secure advice uptake. A speech act perspective on advice-giving can shed more light on the potential criticism to health advice. The speech act of advising has been categorized by Searle (1979) as a directive speech act, because the illocutionary point of directives is to make the hearer do something. He also states, however, that “Advising you is not trying to get you to do something in the sense that requesting is. Advising is more like telling you what is best for you” (Searle, 1969, p. 67). In directives the force of the attempt to influence the hearer’s behavior can differ, ranging from relatively “weak” directives, such as inviting or suggesting, to very strong ones, such as commanding or ordering. The speech act of advising only has a moderate force: It falls between the weak and the strong directives. The above comment by Searle implies that he considers advising as an evaluative assertive rather than an inciting directive.

According to Searle (1979, p. 29), the verb “to advise” can refer to two different speech acts, an assertive and a directive: “[...] advising may be either telling you *that* something is the case (with relevance with what is and is not in your interest) or telling you *to* do something about it (because it is or is not in your interest). They can be, but need not be, both at once.” Vanderveken (1990) observes the same ambiguity in advising: He describes advising both as an assertive and as a directive act (just as “to warn”). This ambiguity might stem from the fact that the English verb “to advise” can be used in two senses: in the sense of giving information on a particular subject about which the listener has questions, such as “The doctor advises her on weight loss,” or in the sense of telling someone what you think they should do, such as “The doctor advises her to lose weight.”¹ In this article the focus lies on the latter sense of the verb “to advise,” because this meaning seems to be in line with the goal of advising in health communication.

When performing a speech act, such as advising, every language user in principle aims for getting the hearer to understand and accept that speech act. Whether this indeed happens depends on the way in which the act is formulated and in which context the act is performed. These requirements for the acceptable performance of a speech act are laid down in so-called felicity conditions, a concept that was introduced by Austin (1962) and elaborated by Searle (1969). The felicity conditions of a speech act represent a set of necessary and sufficient conditions that taken in conjunction need to be met to evaluate the performance of a speech act as “happy” or “felicitous” (Searle, 1969). A precondition for felicitous communication is that listeners at least understand the content of the proposition and the goal of the performed speech act. This criterion is represented in the propositional content condition and the essential condition of the speech act. When the addressee recognizes the content and understands which speech act has been performed, the communication is not necessarily felicitous because the speech act may be inexpedient or untrue and thus defective. For a completely successfully performed speech act, the preparatory conditions and sincerity conditions of

¹Merriam-Webster’s online dictionary states that the English verb “to advise” originally stems from the French “*aviser*,” which means “to inform.” The noun “*avis*” in French has the same ambiguity as the English verb “to advise” as it can refer both to “information” and to “advice” or “opinion.”

the act also need to be fulfilled. The preparatory conditions indicate the required point of departure so the speech act is not superfluous or useless, whereas the sincerity condition relates to the psychological state of the speaker.²

Advice may be resisted when one or more of the felicity conditions of the speech act are not fulfilled. The conditions thus indicate what factors may trigger resistance to advice. For example, when someone advises their friend to exercise daily, the friend might find that piece of advice unacceptable because they already exercise daily or because they have a terrible cold at the moment. So the friend's resistance to the advice is triggered by the fact that one or more of the felicity conditions are not met. If all conditions were fulfilled from the friend's perspective, the friend would be able to accept the advice, perhaps even by expressing explicitly acceptance by saying "Good idea."

When the advice recipient has no opportunity at all to express acceptance or nonacceptance or no opportunity to do so immediately (e.g., in written communication), advisors cannot always be sure that all felicity conditions are indeed satisfied in the eyes of the recipient. Advisors can then only try to prevent that their advice is rejected, for example by mitigating the illocutionary force of the speech act to diminish face threats or by affirming that the felicity conditions of the speech act are fulfilled. The next section discusses Searle's felicity conditions of the speech act of advising and proposes amendments to provide insight into the conditions of a successful performance of the speech act and possible triggers for resistance.

Felicity conditions of the speech act of advising

In *Speech Acts* (1969), Searle formulates the felicity conditions of advising as follows (S stands for Speaker, H stands for Hearer, and A stands for Act):

Essential condition: Counts as an undertaking to the effect that A is in H's best interest.

Propositional content condition: Future act A of H.

Preparatory conditions:

- a. S has some reason to believe A will benefit H.
- b. It is not obvious to both S and H that H will do A in the normal course of events.

Sincerity condition: S believes A will benefit H. (Searle, 1969, p. 67)

The speech act conditions should give the most accurate description of what it means to successfully perform the speech act of advising. Some amendments are necessary to realize this requirement so the conditions can be used to get insight into the kind of criticism advising may provoke.

First, it is proposed to alter the sincerity condition. To indicate that advice is not sincere if it is not given with the interest of the hearer in mind, it is reformulated as "S believes that A is in H's best interest." To better reflect the directive character of the speech act of advising, a second sincerity condition is added: "S wants H to do A." As such, the condition specifies the psychological state expressed by directives, which is Want or Wish, whereas in Searle's formulation it referred to Believe, the psychological state associated with assertive speech acts such as asserting and stating.³ This condition more clearly shows the intention of language users who deliver advice. Advice-givers do not merely attempt to express belief in the assertion that some action is good or bad for the addressees, but they attempt to influence the addressees by making them perform a particular action.

²Van Eemeren and Grootendorst (1984) have renamed this last condition the responsibility condition because it relates to the speaker's assumed intention.

³This formulation of the sincerity condition might be explained by Searle's (1979) comment that advising, in his view, is not a type of requesting (which is the prototype of directives) but is more like urging and recommending.

Second, it is proposed to reformulate the essential condition. Searle characterizes advising in the essential condition as an undertaking to the effect that A is in the hearer's best interest. This formulation implies that the act would be considered successful on an illocutionary level once the hearer understands the speaker's intention to express that doing A is in the hearer's best interest and on a perlocutionary level once the hearer accepts that doing A is in his best interest. Advising would, in this case, only be a way to influence the hearer's beliefs, whereas, as was argued above, advising should be seen as a directive speech act that is not just meant to change ideas about some action but to make the hearer perform the advised action. According to van Eemeren and Grootendorst (1984), the essential condition reflects the intended perlocutionary effect associated with that speech act or the associated perlocution. The essential condition is therefore reformulated here as "Advising counts as an attempt by S to make H do beneficial act A." This formulation is also more in line with Heritage and Sefi's (1992) definition of advice-giving.

Third, Searle's propositional content condition states that the speaker predicates a "future act A of H," which lacks the evaluation of act A that is included in the essential condition. To incorporate the presupposition that the advised act is beneficial to the listener—a feature that distinguishes advising from other types of directives, such as orders—a slight reformulation is proposed: "S predicates a future beneficial act A of H."

Fourth, because of the reformulation of the essential condition, some changes to the preparatory conditions are needed as well. Both preparatory condition *a* ("S has some reason to believe A will benefit H") and *b* ("It is not obvious to both S and H that H will do A in the normal course of events") are indeed necessary, because advice would be irrelevant or superfluous, respectively, if these conditions were not fulfilled. However, any advice to do A, for example to eat vegetables regularly, is also superfluous if the hearer already eats vegetables regularly. Therefore, an additional preparatory condition is added, the nonobviousness condition, which states that the speaker believes the hearer has not yet done or is not yet doing the act (Searle, 1969).⁴ Moreover, the advice would be useless if the hearer is not willing or able to perform the advised act A. Therefore, two more preparatory conditions are necessary, stipulating that the speaker believes that, in principle, the hearer is willing to perform the act and that the speaker believes that, in principle, the hearer is able to perform the act. Finally, a sixth condition is required that states that the speaker has knowledge of or experience with act A and the effects of A. This condition does justice to the fact that only people with some authority on the subject are in the position to offer advice.

Based on the amendments to Searle's conditions, the following adjusted conditions of the speech act of advising are proposed⁵:

1. Essential condition: Advising counts as an attempt by S to make H do beneficial act A.
2. Propositional content condition: S predicates a future beneficial act A of H.
3. Preparatory conditions:
 - a. S has some reason to believe A will benefit H.
 - b. S believes that H is, in principle, willing to do A.
 - c. S believes that H is, in principle, able to do A.
 - d. S has knowledge of and/or experience with A and the effects of A.
 - e. It is not obvious to both S and H that H will do A in the normal course of events.
 - f. S believes that H has not yet done or is not yet doing A.
4. Sincerity conditions:

⁴Searle (1969) later argues that the nonobviousness condition is eliminable because it is not a specific condition for a particular speech act but applies to several acts. He calls it a general rule applicable to all speech acts (and behavior in general). The purpose of this article is not necessarily to distinguish advising from all other speech acts, but to formulate all necessary conditions for a successful speech act of advising. Therefore, the nonobviousness condition is added nonetheless.

⁵Although not from a speech theory perspective, others have mentioned "conditions" for advice acceptance that resemble some of the felicity conditions (see Butler et al., 2010; Waring, 2007).

- a. S wants H to do A.
- b. S believes A is in H's best interest.

Note that advice is not necessarily meant to make the hearer perform a future action (as in “You should eat vegetables regularly”) but can also be aimed at preventing the hearer from performing an action or to stop him from doing an action (e.g., “You should stop smoking”). In other words, the felicity conditions cover both positive advice and negative advice. Therefore, the act to which variable A in the condition refers includes performing an act, performing a series of acts, and also stopping the performance of a particular act. Whether advice is positive or negative has consequences for the way in which the preparatory conditions should be understood. For instance, in the case of positive advice to do A (e.g., to eat vegetables regularly), it is presumed, in accordance with preparatory condition *f*, that the addressee does not eat vegetables regularly at the moment. In the case of advice not to smoke or, more commonly, to stop smoking, the addressee has, according to preparatory condition *f*, not yet stopped smoking. This may sound slightly artificial, but it means the addressee is assumed to currently smoke.

The felicity conditions of advising as formulated above indicate what conditions need to be fulfilled to constitute an acceptable performance of the speech act of advising. Whenever one of these conditions is not fulfilled, a speech act will either not be understood or will not be accepted and thus be resisted. The next section further specifies these conditions for advice given in the context of health communication.

Specifying speech act conditions for advising in health settings

The felicity conditions formulated above pertain to advising in any context, from interpersonal communication (“You should really see that new Tarantino movie”), commercial communication (“We advise you to cut down on costs by 12%”), political communication (“Vote for the Social Democrats!”), to scholarly communication (“This paper should not be admitted”), and many others. In all of these domains, speakers can only expect their advice to be understood and accepted if all of these conditions have been met. What constitutes a successfully performed speech act of advising differs, to a greater or lesser degree, from one domain to the other due to the particular characteristics of the communication in each of these domains (Ferrara, 1980). As Streeck (1980, p. 144) argues, “the illocutionary force of institutional speech acts is not inherent in the act per se but in the conventional relation of the act to its context of use.” The specific demands of the institutional context influence under what conditions a speech act can be successful. There is, for example, a difference in the kind of expertise speakers are expected to have about the advised act. In interpersonal communication this is, for example, personal experience or expertise based on education, whereas in health communication it is, for example, based on research. Another difference between advice-giving in these two domains is which topics are relevant. In the interpersonal domain the range of topics is great but will generally concern personal experiences, whereas in a health context advice-giving can be expected to concern health related topics. A layperson’s advice about medication or a doctor’s advice about seeing a particular movie would be more likely to be resisted than advice provided by the appropriate authority.

To further specify what issues trigger resistance to health advice, the felicity conditions described above can be specified by incorporating the specificities of the health domain. This domain ranges from interactions at a local level between patients and general practitioners to the national level of communication between patients and patient groups, ministries of health, and medical professionals’ organizations. All the communicative activities taking place in this domain are generally aimed at improving (public) health. The U.S. Department of Health explicitly labels communication as an instrument for promoting or improving health, as it can affect people’s perceptions and beliefs and can influence behavior (U.S. Department of Health & Human Services, 2008). Advising in this institutional context can be further specified by looking at the three

variables in the description of the felicity conditions, namely the participants S and H, which are the speaker and the hearer, and A, the act.

The first specification we can make is that the speaker, as was stipulated in the general preparatory conditions, should hold knowledge of and/or experience with A and the effects of A. Without this expertise one is not in the position to offer advice (see Goldsmith & Fitch, 1997). For advising in the health domain the position of speakers is even more important; they should in fact be an authority on health issues, and hearers will expect them to only address those issues about which advisors are actually knowledgeable.

The difference between health advice and other types of advice can be made clearer by referring to one of the dimensions, introduced by Searle (1976), by which speech acts can be differentiated. A relevant dimension here is “differences between those acts that require extra-linguistic institutions for their performance and those that do not” (Searle, 1976, p. 6). The speech act of advising in health settings requires such an extra-linguistic institution for their performance. Advice in health communication not only owes its credibility to the status of the extra-linguistic institution that delivers the advice but is, in fact, performed because that institution, in a way, assumes some kind of responsibility for the hearers’ well-being (Childress et al., 2002).

The advice recipient in health settings, the hearer, can be a layperson, for example in a doctor’s consultation, but also another medical professional, as is the case in a meeting of surgeons in a hospital. Given that advising implies an asymmetry between speaker and hearer, albeit in different kinds and degrees (Hepburn & Potter, 2011), the addressee is someone who supposedly has less knowledge of health issues than the speaker. Advice will always be meant to reach a particular hearer or even target group that, as is stipulated in preparatory conditions 3e and 3f, does not already act in the way the speaker wants them to. As was explained above, advice about behavior that the advisee already displays would be superfluous and would thus more likely be resisted.

It may also be the case that advice is not directed at particular hearers because they need to change their own behavior but because they are responsible for someone else who does need to change behavior but is not in the position to do so. For example, advice on vaccination can be directed at the parents of young children who need immunization instead of at the children themselves, because they are not capable of making a decision about this subject.

To be more precise regarding advice-giving in health settings, we can say that the speaker who delivers advice always has some reason to believe the act will benefit the hearer’s *health* (or the health of someone the hearer is responsible for). Because health experts have some responsibility over individual people and also over a larger part of the population, the advised actions should not be harmful to other people. The advised action should thus be beneficial for both the individual hearer and the population as a whole.

The act A to which the speech act refers can also be made more precise because advice-giving in the health domain always concerns health-related behavior. Therefore, in all felicity conditions referring to this act, we can specify A as a future health-related act, that is, performing or refraining from performing the (series of) act(s).

Such “health-related” acts can involve a whole range of acts. We can distinguish acts aimed at preventing a health problem, at treating a health problem, and at detecting a health problem (van Poppel, 2013). Advice aimed at prevention is meant to encourage behavior that ideally averts serious health problems, such as immunization, practicing safe sex, and making lifestyle changes. Advice on treating health problems can be found in consultations and in patient information leaflets and websites, which mainly provide information on a particular illness or condition and further provide advice on how to live with this condition. They concern, for example, advice to drink water, be physically active, or follow a diet. Advice aimed at detection concerns, for example, advice to perform self-examinations or to go to screenings to detect health problems (such as breast cancer) in an early stage. The acts to which health advice can thus be restricted are those that help to prevent, treat, or detect health problems.

Based on the considerations mentioned above, the felicity conditions of advising in the context of health institutions can be specified as follows (S and H can also refer to writer or reader, respectively):

1. Essential condition: Advising counts as an attempt by S to make H do beneficial act A to prevent, treat, or detect a problem that affects H's health.
2. Propositional content condition: S predicates a future beneficial health-related act A of H.
3. Preparatory conditions:
 - a. S has some reason to believe A will benefit H's health and the health of (part of) the population by treating, preventing, or detecting a health problem.
 - b. S believes that H is, in principle, willing to do A.
 - c. S believes that H is, in principle, able to do A.
 - d. S is (a representative of) a health authority with knowledge and/or experience about A and the effects of A.
 - e. It is not obvious to both S and H that H will do A in the normal course of events.
 - f. S believes that H has not yet done or is not yet doing A.
4. Sincerity conditions:
 - a. S wants H to do A.
 - b. S believes that A benefits H's health.

These conditions show what issues may cause resistance to health advice. However, they are not all equally likely to be questioned. The essential and propositional content condition concern the comprehensibility of the speech act and are necessary conditions for reaching the illocutionary goal of understanding what was meant with an utterance. If one of these conditions is not fulfilled, the addressee would simply not grasp the speaker's intention, so this would not be a matter of resistance to the advice. On the other hand, making advice not recognizable as advice is also a way to prevent criticism against advice (see Kinnell & Maynard, 1996).

The correctness conditions of health advice consist of the preparatory conditions and the sincerity condition. Because these conditions are the ones that need to be fulfilled to accept health advice, they can be expected to be questioned. Based on the specified preparatory and sincerity conditions, we can conclude that potential criticism from the hearer with respect to health advice can concern any of the following points of criticism:

1. **The usefulness of the speech act:**
 - a. Does the act A benefit the hearer's health and the health of (part of) the population by preventing, treating, or detecting a health problem?
 - b. Is the hearer in principle willing to do A?
 - c. Is the hearer in principle able to do A?
 - d. Is the speaker (a representative of) a health authority with knowledge of and/or experience with A and the effects of A?
2. **The necessity of the speech act:**
 - a. Would the hearer not do the act A in the normal course of events?
 - b. Has the hearer not yet done or is not yet doing A?
3. **The sincerity of the speaker:**
 - a. Does the speaker want the hearer to do A?
 - b. Does the speaker believe that A is in the hearer's best interest?

The overview of these points provides a good framework for investigating what justification or "account" (see Waring, 2007) can be given in anticipation of resistance to advising in health settings. The relevance of these points is illustrated by discussing how such justification is provided for advice to achieve a healthy weight on the website of the CDC.

Preventing resistance against advice: content analysis of cdc webpages

The CDC publishes health information and advice for the general American public on a variety of topics. According to the website, “CDC fights disease and supports communities and citizens to do the same.” The website offers advice on preventing and treating various diseases and conditions and also has a section on “healthy living.” Under this heading the CDC provides advice on how to achieve a healthy weight (<https://www.cdc.gov/healthyweight/index.html>). Because overweight and obesity are serious problems in U.S. society and may also be a sensitive topic for many people suffering from it, it is likely that advice on how to achieve a healthy weight needs more justification than other types of advice. Therefore, this part of the website is selected as a case study for a content analysis.

This “Healthy Weight” section has several subsections (e.g., on physical activity, healthy eating, losing weight, and “success stories”) and links to brochures, videos, and external resources such as a “weight manager” to track your calorie intake. Although the website contains icons to share webpages via social media such as Facebook and Twitter, no interaction via the website itself is possible. Therefore, justification is needed to prevent resistance to the pieces of advice given on the webpages.

The content analysis was carried out as follows. Each point of potential criticism presented in the overview above was taken as a point of departure for a separate category of anticipating criticism. For each part of the subsections of “healthy weight,” it was determined whether they could be allocated in one of these categories. Some parts or utterances were categorized in more than one category. For instance, the subsection “Losing Weight” contains the following statement: “The good news is that no matter what your weight loss goal is, even a modest weight loss, such as 5 to 10% of your total body weight, is likely to produce health benefits, such as improvements in blood pressure, blood cholesterol, and blood sugars.” This statement points to the benefits of adhering to the advice and thus addresses point 1*a* but also implies that following the advice need not be an impossible endeavor, and the statement thus also addresses point 1*c* about the ability of the hearer. In the following we discuss to what extent each of the categories of anticipating resistance play a role in the “Healthy Weight” webpages.

As the overview of points of criticism shows, points 1*a–d* concern the usefulness of the advice and 2*a* and *b* the necessity of the advice. Possible criticism 1*a* thus entails doubt as to whether performing the advised act *A*, or refraining from performing *A*, benefits the addressee, in the sense that the act contributes to preventing, treating or detecting a disease or condition (see Butler et al., 2010).⁶ A suitable way of anticipating such doubt and to justify health advice is referring to the positive consequences of performing the advised action (or the negative consequences of the discouraged action), using so-called pragmatic argumentation (van Poppel, 2012, 2013). Schellens and de Jong (2004) have shown that persuasive brochures with health advice, which are very similar to the CDC website, use this type of argumentation most frequently. The subsections “Losing Weight” and “Physical Activity for a Healthy Weight” both contain a long list of arguments indicating the benefits of losing weight in general and of physical activity to reach this goal of losing weight. The following statement points at the benefits of losing weight for one’s overall well-being: “[...] a study of participants in the National Weight Control Registry* found that those who had maintained a significant weight loss reported improvements in not only their physical health, but also their energy levels, physical mobility, general mood, and self-confidence.” The benefits of physical activity are presented in a long list:

Physical activity also helps to

- Maintain weight.
- Reduce high blood pressure.
- Reduce risk for type 2 diabetes, heart attack, stroke, and several forms of cancer.
- Reduce arthritis pain and associated disability.

⁶MacGeorge et al. (2015) discuss an example of resistance to advice that can be associated with preparatory condition *a*. In their example (Dyad 240), the advisor recommends the recipient to “Take another semester” after scoring low on an exam, and the recipient questions how this would benefit him by saying: “Why? But there’s tuition and I will... I will be not qualified as a full-time student. I would be only part-time and I would be wasting my time” (MacGeorge et al., 2015, pp. 10–11).

- Reduce risk for osteoporosis and falls.
- Reduce symptoms of depression and anxiety. (“Physical Activity for a Healthy Weight.” CDC website)

These arguments justify the advice by indicating that preparatory condition *a* is fulfilled: Although the advice recipient may not like to lose weight and be physically active, exercising is nonetheless a beneficial act because it has all kinds of advantages for physical and mental health.

A point of criticism that is related to condition *a* is whether the advised action is the *best* way to reach particular benefits. In the subsection “Improving Your Eating Habits,” some alternatives to adopting new eating habits are in fact discouraged: “Making sudden, radical changes to eating habits such as eating nothing but cabbage soup, can lead to short term weight loss. However, such radical changes are neither healthy nor a good idea, and won’t be successful in the long run.” In this fragment the disadvantages of the alternative are mentioned to discourage the addressee to follow this course of action and to present the advised behavior as more beneficial (see van Poppel, 2012).

In anticipation of criticisms 1*b* and 1*c*, advisors will have to justify that it is reasonable to believe recipients are willing and capable of performing the advised action.⁷ To address point 1*b* advisors might, for example, demonstrate that the advised behavior is more pleasurable than the recipient might have thought. The CDC website, for example, introduces the section “Healthy Eating for a Healthy Weight” with the caption “Eat healthy and enjoy it!” This section even includes potential criticism in the form of a question about eating comfort food: “Do I have to give up my favorite comfort food?” The answer to this question also implies that the willingness of the recipient should not be a problem, because the recipient need not say goodbye to his or her favorite food:

Do I have to give up my favorite comfort food?

No! Healthy eating is all about balance. You can enjoy your favorite foods even if they are high in calories, fat or added sugars. The key is eating them only once in a while, and balancing them out with healthier foods and more physical activity. (“Healthy Eating for a Healthy Weight,” CDC website)

To address criticism 1*c*, advisors have to try to show that recipients are indeed able to follow the advice (see Butler et al., 2010). One way to confirm their ability is to give guidelines on how to be successful in performing the advised action. The section “Improving Your Eating Habits” describes several steps to be taken to follow the advice to improve eating habits. The section is closed off by literally stating that the recipient is able to improve his or her diet: “You can do it! It just takes one day at a time!”

Another example can be found in the subsection “Getting Started with Physical Activity for a Healthy Weight.” It lists several obstacles people may encounter that inhibit them from getting more active and offers solutions to them. For example, the website presents the possible obstacle “I just don’t have *time* to be physically active” and urges the recipient to “Try this: Identify available time slots. Monitor your daily activities for one week. Identify at least three 30-minute time slots you could use for physical activity.” By showing how these obstacles can be removed, the advisor shows the condition that recipients should be able to perform the advised action is satisfied.

Criticism 1*d* is of another kind: It involves the question whether the advisor is in the position to offer health advice. Without this expert status, a piece of advice might be infelicitous because it would lack credibility. The wording “health authority” in the condition should reflect that health advice comes from a source with both power and responsibility for (part of) the population. To show its credibility the CDC website provides several references to other CDC documents on a particular topic and to scientific publications using in-text references and footnotes. These are some of the credibility building strategies described by Locher and Limberg (2012).

The possible criticisms 2*a* and 2*b* concern the necessity of the advice. Advice would be superfluous if the addressee would do the act *A* anyway or if the addressee already has done or is doing

⁷An example (Dyad 109) in MacGeorge et al. (2015, pp. 12–13) shows resistance related to preparatory condition *b* (“But I don’t want to”) when the advisor indirectly advises to take a loan to pay tuition fees: “I, I take out loans.”

what is advised (see Butler et al., 2010). Especially when advice is unsolicited, pointing at the necessity of advice is a delicate and face-threatening issue, because it entails giving a negative evaluation of the addressee's current behavior. In face-to-face interaction, advisors can ask about the fulfilment of such conditions for advising to prevent superfluous advice. MacGeorge et al. (2015) give an example from a conversation between the advisor and a student in which this happens:

A Do you read the book?

R Noo... I have my own, like, for dummies book [laughs]

A Maybe you should uh read the book. (MacGeorge et al., 2015, p. 8)

The advisor first asks whether the student reads the book and when the student answers that he does not, the advisor gives her advice. Heritage and Sefi (1992) have shown that if no such preparation is done and advice is given nonetheless, advice recipients may feel criticized and may feel the need to demonstrate their competence.

Visitors of the CDC website search for information about health themselves so the advice is not completely unsolicited, but they may nonetheless resist any claims about them being overweight or behaving unhealthily. On the CDC website such claims are avoided and left to the visitors themselves. Through the subsection "Assessing Your Weight" visitors can determine themselves whether they need to act on the advice or not by measuring their body mass index and waist circumference. In the subsection "Improving Your Eating Habits" in the section "Losing Weight" visitors are invited to list their eating habits, both good and bad, so they discover themselves whether they are doing as is advised about eating already or whether they have some bad habits they need to change:

Reflect, replace, reinforce: a process for improving your eating habits

1. Create a list of your eating habits. Keeping a food diary for a few days, in which you write down everything you eat and the time of day you ate it, will help you uncover your habits. For example, you might discover that you always seek a sweet snack to get you through the mid-afternoon energy slump. [...]

Strategies like these are meant to create awareness among the advice recipients that may make them more receptive for the advice.

The last two possible points of criticism concern the sincerity of the health advice and relate to the intention that the speaker may be regarded as having. These points are 3a (Does the speaker want the hearer to do A?) and 3b (Does the speaker believe that A is in the hearer's best interest?). Health advice can be insincere in two ways: If advisors acts as if they want the recipient to perform a particular action, whereas in fact they do not, and if they act as if their only reason to incite the recipient to do A is that it benefits the recipient's health, whereas in reality the act is in the advisors' best interest. This distinguishes health advice from directives with commercial purposes, such as drug advertisements. Advisors can then be accused of deceiving the hearer. If advice recipients doubt the sincerity of the advisor, they may be reluctant to accept the advice. The CDC, for example, has faced criticism regarding their sincerity in solely striving for the health of American citizens. They have been accused of letting political or commercial interests steer their policies and as a result may lose credibility as a trustworthy advisor (Gillam, 2012). On the CDC website the advisor's goal is made explicit in the section "About us": "CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) protects the health of Americans at every stage of life by encouraging regular physical activity, good nutrition, and preventing adult and childhood obesity." The website explicitly states that it has the health of Americans in mind, thus demonstrating the sincerity of the advisor, in the hope of getting the advice accepted.

Discussion and conclusion

Because of its directive character, advice-giving is an activity that may encounter resistance, especially when unsolicited. In health settings, advisors may be even more prone to prevent criticism to get advice recipients to improve their health. In this study it is proposed to use the felicity conditions of advising as guidelines for the kinds of criticism that a speaker can anticipate when delivering health advice. These conditions represent the minimal commitments associated with advice-giving and thus define which issues may cause resistance.

Based on the felicity conditions formulated by Searle, an amended set of felicity conditions was proposed that constitute conditions for successful advice-giving in nonspecified contexts. The conditions were then further specified to show what commitments associated with the speech act can become at issue in advice-giving in health settings. This resulted in a systematic overview of eight correctness conditions: four concerning the usefulness of the advice, two concerning the necessity of the advice, and two concerning the sincerity of the advisor. Each of these conditions could be at issue in advice-giving. A content analysis of the section “Healthy Weight” on the CDC website showed that each of the possible points of criticism to health advice is addressed there. Because no direct interaction with visitors is possible, all possible criticism is anticipated to reach maximum success.

Some points, such as whether the addressees are able to follow the advice to lose weight, receive much more elaborate justification than other points, such as the expert status and the sincerity of the advisor. Even though visitors most likely search the website themselves and the advice is thus not completely unsolicited, the CDC’s intentions and expertise were in fact addressed in separate sections of the website (cf. Limberg & Locher, 2012).

The current study provides a theoretical foundation for distinguishing points of criticism to health advice and shows the relevance of these points based on a content analysis of CDC webpages. There are some limitations to this study. First, the points of criticism distinguished here represent rational and relevant criticisms, so other forms of resistance are not taken into account. For instance, one can imagine people resisting advice because the advisor’s behavior is inconsistent with his or her advice. Such rejection of advice would not be very reasonable (because based on a *tu quoque* fallacy, see van Eemeren, Meuffels, & Verburg, 2000) but still possible.

Second, the categorization of the statements as addressing one or the other point of criticism resulted in some overlaps and ambiguous cases. For example, as was discussed above, the statement that small weight loss could already have great health benefits could both be labeled as addressing point 1a (about the benefits of the advised action) and as addressing point 1c (the ability of the addressee).

Third, the selected CDC webpages only give insight in the ways in which advisors in one particular case intend to prevent resistance to advice and do not allow for a generalization of such resistance anticipation in health communication. Larger corpus studies could shed light on the prevalence of the strategies of addressing criticism distinguished in the current study. In addition, although several of the categories of criticism that were identified can be linked to those mentioned in the literature on resistance to (health) advice, quantitative empirical research is needed to determine to what extent actual advice recipients would resist advice based on these points. Such studies would be valuable extensions to the current research.

Although this study only involved the analysis of one noninteractive health setting, it provides valuable insights into advice resistance in various types of (health) communication. The overview of points of criticism provides a systematic checklist for advisors to minimize resistance to their health advice, both in noninteractive and in interactive settings. In interactive settings, such as chat sessions, phone calls, and face-to-face interactions, the same points of criticism are relevant, and advisors need to be prepared to respond to them. The ways in which advisors may deal with each point may differ, because in interactive settings it may be easier to gather background information on the recipient so the advice can be better adjusted to his or her characteristics (see DeCapua &

Huber, 1995). For example, one of the excerpts cited from MacGeorge et al. (2015) showed that in face-to-face interaction (or chat session) an advisor may first establish certain facts about the addressee's behavior before offering the advice.

The systematic distinction between possible grounds for resisting advice presented in this study also helps differentiating between various advice-giving activities. For example, Butler et al. (2010) discuss advising strategies in Kids Helpline in which a problem is already established and the advice-giver's task is to come with an appropriate solution. Contrary to other settings, such as the health visits in Heritage and Sefi (1992), the necessity of advice is less likely to be at issue here. The strategies used both in the production and reception of advice that are distinguished in the literature (e.g., Harrison & Barlow, 2009; Locher, 2010) could be linked to the specified points of criticism and thus be better explained.

The overview of issues that may raise criticism also offers a useful starting point for investigating whether particular forms of resistance to advice are more frequent than others in particular situations and for determining what kinds of justifications will help prevent such resistance. Advice about smoking may encounter more problems with respect to the usefulness of the advice, such as whether the recipient is able to follow up on the advice, whereas advice about vaccinations may cause resistance due to doubts about the advisor's sincerity. The provided overview thus offers a way to investigate resistance to advice more systematically, both in health communication and in other settings.

ORCID

Lotte van Poppel  <http://orcid.org/0000-0002-7951-5482>

References

- Austin, J. L. (1962). *How to do things with words*. Oxford, UK: Clarendon Press.
- Brown, P., & Levinson, S. C. (1987). *Politeness. Some universals in language usage*. Cambridge, UK: Cambridge University Press.
- Butler, C. W., Potter, J., Danby, S., Emmison, M., & Hepburn, A. (2010). Advice-implicative interrogatives: Building "clientcentered" support in a children's helpline. *Social Psychology Quarterly*, 73(3), 265–287. doi:10.1177/0190272510379838
- Childress, J. F., Faden, R. R., Gaare, R. D., Gostin, L. O., Kahn, J., Bonnie, R. J., ... Nieburg, P. (2002). Public health ethics: Mapping the terrain. *Journal of Law, Medicine & Ethics*, 30, 170–178. doi:10.1111/j.1748-720X.2002.tb00384.x
- DeCapua, A., & Huber, L. (1995). "If I were you..." Advice in American English. *Multilingua*, 14(2), 117–132. doi:10.1515/mult.1995.14.2.117
- Ferrara, A. (1980). An extended theory of speech acts: Appropriateness conditions for subordinate acts in sequences. *Journal of Pragmatics*, 4, 233–252. doi:10.1016/0378-2166(80)90038-7
- Gillam, C. (2012, October 17). The CDC is being influenced by corporate and political interests. *Website The Hill*. Retrieved from <http://thehill.com/blogs/pundits-blog/healthcare/301432-the-cdc-is-being-being-influenced-by-corporate-and-political>
- Goldsmith, D. J., & Fitch, K. (1997). The normative context of advice as social support. *Human Communication Research*, 23, 454–476. doi:10.1111/j.1468-2958.1997.tb00406.x
- Harrison, S., & Barlow, J. (2009). Politeness strategies and advice giving in an online arthritis workshop. *Journal of Politeness Research*, 5, 93–111. doi:10.1515/JPLR.2009.006
- He, A. W. (1994). Withholding academic advice: Institutional context and discourse practice. *Discourse Processes*, 18(3), 297–316. doi:10.1080/01638539409544897
- Hepburn, A., & Potter, J. (2011). Designing the recipient: Managing advice resistance in institutional settings. *Social Psychology Quarterly*, 74(2), 216–241. doi:10.1177/0190272511408055
- Heritage, J., & Lindström, A. (2012). Advice-giving: Terminable and Interminable. In H. Limberg & M. Locher (Eds.), *Advice in discourse* (pp. 169–194). Amsterdam, The Netherlands: John Benjamins.
- Heritage, J., & Sefi, S. (1992). Dilemmas of advice: Aspects of the delivery and reception of advice in interactions between health visitors and first time mothers. In P. Drew & J. Heritage (Eds.), *Talk at work: Interaction in institutional settings* (pp. 359–417). Cambridge, UK: Cambridge University Press.
- Hutchby, I. (1995). Aspects of recipient design in expert advice giving on call-in radio. *Discourse Processes*, 19, 219–223. doi:10.1080/01638539509544915

- Jefferson, G., & Lee, J. R. E. (1981). The Rejection of advice: Managing the problematic convergence of a 'troubles-telling' and a 'service encounter.' *Journal of Pragmatics*, 5, 399–421. doi:10.1016/0378-2166(81)90026-6
- Kinnell, A. M. K., & Maynard, D. W. (1996). The Delivery and receipt of safer sex advice in pretest counseling sessions for HIV and AIDS. *Journal of Contemporary Ethnography*, 24(4), 405–437. doi:10.1177/089124196024004002
- Landqvist, H. (2005). Constructing and negotiating advice in calls to a poison information center. In C. Baker, M. Emmison, & A. Firth (Eds.), *Calling for help: Language and social interaction in telephone helplines* (pp. 207–234). Amsterdam, The Netherlands: John Benjamins.
- Limberg, H., & Locher, M. A. (Eds.). (2012). *Advice in discourse*. Amsterdam, The Netherlands: John Benjamins.
- Locher, M. A. (2010). Health Internet sites: A linguistic perspective on health advice columns. *Social Semiotics*, 20(1), 43–59. doi:10.1080/10350330903438402
- Locher, M. A., & Limberg, H. (2012). Introduction to advice in discourse. In H. Limberg & M. A. Locher (Eds.), *Advice in discourse* (pp. 1–27). Amsterdam, The Netherlands: John Benjamins.
- MacGeorge, E. L., Feng, B., Butler, G. L., & Budarz, S. K. (2004). Understanding advice in supportive interactions: Beyond the facework and message evaluation paradigm. *Human Communication Research*, 30, 42–70.
- MacGeorge, E. L., Guntzville, L. M., Branch, S. E., & Yakova, L. (2015). Paths of resistance. An interpretive analysis of trajectories in less satisfying advice interactions. *Journal of Language and Social Psychology*, 35(5), 548–568. doi:10.1177/0261927X15611920
- Pudlinski, C. (2002). Accepting and rejecting advice as competent peers. *Discourse Studies*, 4, 481–499. doi:10.1177/14614456020040040501
- Schellens, P. J., & de Jong, M. (2004). Argumentation schemes in persuasive brochures. *Argumentation*, 18(3), 295–323. doi:10.1023/B:ARGU.0000046707.68172.35
- Searle, J. R. (1969). *Speech acts: An essay in the philosophy of language*. Cambridge, UK: Cambridge University Press.
- Searle, J. R. (1976). A classification of illocutionary acts. *Language in Society*, 5(1), 1–23. doi:10.1017/S0047404500006837
- Searle, J. R. (1979). *Expression and meaning: Studies in the theory of speech acts*. Cambridge, UK: Cambridge University Press.
- Silverman, D. (1997). *Discourses of counselling: HIV counselling as social interaction*. London, UK: Sage.
- Streeck, J. (1980). Speech acts in interaction: A critique of Searle. *Discourse Processes*, 3(2), 133–153. doi:10.1080/01638538009544483
- U.S. Department of Health & Human Services. (2008). *Making health communication programs work (Pink Book)*. Retrieved from <http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook>
- Van Eemeren, F. H., & Grootendorst, R. (1984). *Speech acts in argumentative discussions: A theoretical model for the analysis of discussions directed towards solving conflicts of opinion*. Dordrecht, Berlin: De Gruyter/Floris.
- Van Eemeren, F. H., Grootendorst, R., Jackson, S., & Jacobs, S. (1993). *Reconstructing argumentative discourse*. London, Tuscaloosa: The University of Alabama Press.
- Van Eemeren, F. H., Meuffels, B., & Verburg, M. (2000). The (un)reasonableness of the argumentation ad hominem. *Journal of Language and Social Psychology*, 19(4), 416–435. doi:10.1177/0261927X00019004002
- Van Poppel, L. (2012). The strategic function of variants of pragmatic argumentation in health brochures. *Journal Of Argumentation in Context*, 1(1), 97–112. doi: 10.1075/jaic
- Van Poppel, L. (2013). Getting the vaccine now will protect you in the future! A pragma-dialectical analysis of strategic maneuvering with pragmatic argumentation in health brochures (Unpublished doctoral dissertation). University of Amsterdam, Amsterdam, The Netherlands.
- Vanderveken, D. (1990). *Meaning and speech acts, vol. 1. Principles of language use*. Cambridge, UK: Cambridge University Press.
- Vehviläinen, S. (2009). Problems in the research problem: Critical feedback and resistance in academic supervision. *Scandinavian Journal of Educational Research*, 53(2), 185–201. doi:10.1080/00313830902757592
- Waring, H. Z. (2005). Peer tutoring in a graduate writing center: Identity, expertise and advice resisting. *Applied Linguistics*, 26, 141–168. doi:10.1093/applin/amh041
- Waring, H. Z. (2007). The multi-functionality of accounts in advice giving. *Journal of Sociolinguistics*, 11(30), 367–391. doi:10.1111/j.1467-9841.2007.00328.x